

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90058 037 \*\*\*150.00

DOCUMENT # P96000071041

1. Corporation Name  
GAVLICK MOVERS, INC.

Principal Place of Business  
190 HUNTER COURT  
PALM HARBOR FL 34684

Mailing Address  
190 HUNTER COURT  
PALM HARBOR FL 34684



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1996

4. FEI Number  
22-2916645

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 3620 SHADY LANE  
Suite, Apt. #, etc.

2a. Mailing Address

26 3620 SHADY LANE  
Suite, Apt. #, etc.

City & State

23 PALM HARBOR FL

City & State

28 PALM HARBOR FL

Zip Country

24 34683 25

Zip Country

29 34683 30

9. Name and Address of Current Registered Agent

GAVLICK, DENISE H  
190 HUNTER COURT 3620 SHADY LANE  
PALM HARBOR FL 34684 PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME GAVLICK, ANDREW  
STREET ADDRESS 190 HUNTER COURT  
CITY-ST-ZIP PALM HARBOR FL

TITLE V  
NAME GAVLICK, DENISE H  
STREET ADDRESS 190 HUNTER COURT  
CITY-ST-ZIP PALM HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME ANDREW GAVLICK  
1.3 STREET ADDRESS 3620 SHADY LANE  
1.4 CITY-ST-ZIP PALM HARBOR FL 34683

2.1 TITLE V. PRESIDENT ☒ Change ☐ Addition  
2.2 NAME DENISE H. GAVLICK  
2.3 STREET ADDRESS 3620 SHADY LANE  
2.4 CITY-ST-ZIP PALM HARBOR FL 34683

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)